



National
Environmental
Performance Track

U.S. Environmental Protection Agency

A05-0067

JAN 31 2003

Application Form

AIRTEX PRODUCTS

Name of facility*

UIS

Name of parent company (if any)

407 W. MAIN

Street address

Street address (cont.)

FAIRFIELD, IL 62837

City/State/Zip code

Give us information about your contact person for the
National Environmental Performance Track Program.

Name Mr./Mrs./Ms./Dr. TIMOTHY SCHOENBORN

Title ENVIRONMENTAL MANAGER

Phone 618-842-2111

Fax 618-847-8667

E-mail tim.schoenborn@airtexproducts.com

Facility/Company Website airtexproducts.com

*If you are applying for multiple facilities, you must call 1-888-339-PTRK (7875).

Why do we need this information?

EPA needs background information on your facility to evaluate your application.

What do you need to do?

- Provide background information on your facility.
- Identify your environmental requirements.

1 What do you do or make at your facility?

DESIGNER AND MANUFACTURER OF
AUTOMOTIVE WATER PUMPS AND
FUEL PUMPS

2 List the North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

NAICS

336212

DM

3 Does your company meet the Small Business Administration definition of a small business for your sector?

Yes ☒ No

4 How many employees (full-time equivalents) currently work at your facility? If you checked "Yes" in question 3 and have fewer than 50 employees at your facility, then you are considered a "small facility" by the Performance Track program.

Fewer than 50

50-99

100-499

☒ 500-1,000

More than 1,000

5 Complete the Environmental Requirements Checklist on pages 32-38 of the Instructions and enclose it with your application.

- 6 Optional: Is there anything else you would like to tell us about your facility? Do you participate in other voluntary programs at the local, tribal, State, or Federal level?

WE PARTICIPATE IN THE IL. EPA
"POLLUTION PREVENTION PROGRAM"
WHICH IS A VOLUNTARY PROGRAM
DESIGNED TO HELP IL. COMPANIES
IDENTIFY ADDITIONAL WAYS TO PREVENT
POLLUTION AND REDUCE WASTE.

Why do we need this information?

Facilities need to have an operating Environmental Management System (EMS) that meets certain requirements.

What do you need to do?

- Confirm that your EMS meets the Performance Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

Read the EMS requirements on page 9-12 of instructions. Tell us if your EMS meets these requirements for:

1	Environmental policy _____	X	Yes	No								
2	Planning _____	X	Yes	No								
3	Implementation and operation _____	X	Yes	No								
4	Checking and corrective action _____	X	Yes	No								
5	Management review _____	X	Yes	No								
6	Have you done a comprehensive review of all activities conducted at your facility that could impact the environment? (i.e., have you done an aspect analysis?)	X	Yes	No								
7	Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors? (i.e., have you determined your significant aspects?)	X	Yes	No								
8	When did you last update your aspect analysis? (mo/yr)	<u>OCTOBER 2002</u> - A COMPLETE REVIEW IS DONE EVERY FEBRUARY										
9	Have you completed at least one EMS cycle (plan-do-check-act)?	X	Yes	No								
10	Did this cycle include both an EMS and a compliance audit?	X	Yes	No								
11	Have you completed an objective self-assessment or third-party assessment of your EMS?	X	Yes	No								
	If yes, what method of EMS assessment did you use?	<table border="0"> <tbody> <tr> <td>Self-assessment</td> <td>Third-party assessment</td> </tr> <tr> <td>GEMI</td> <td>X ISO 14001 Certification</td> </tr> <tr> <td>CEMP</td> <td>Other _____</td> </tr> <tr> <td>Other</td> <td><u>INTERNAL AUDITS BASED ON ISO14001</u></td> </tr> </tbody> </table>			Self-assessment	Third-party assessment	GEMI	X ISO 14001 Certification	CEMP	Other _____	Other	<u>INTERNAL AUDITS BASED ON ISO14001</u>
Self-assessment	Third-party assessment											
GEMI	X ISO 14001 Certification											
CEMP	Other _____											
Other	<u>INTERNAL AUDITS BASED ON ISO14001</u>											

Why do we need this information?

Facilities need to show that they are committed to improving their environmental performance. This means describing past achievements and making future commitments.

What do you need to do?

Refer to the Environmental Performance Table in the Instructions to answer Parts 1 and 2.

Part 1 You must report past achievements for at least two environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the Instructions. Please quantify each of your aspects using the units listed for that aspect in the Environmental Performance Table. If you have questions about listing your past achievements under the aspects given, call the PTrack Information Hotline at 1-888-339-PTRK.

Note to small facilities: If you are a small facility, you must report past achievements for only one environmental aspect.

First achievement

1	What aspect have you selected from the Table on page 29-31?	RECYCLED / REUSED MATERIAL USE	
2	What units are you using to quantify this aspect? (See Table, page 29-31.)	LBS.	
		PAST	CURRENT
3	List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	DM 1507 LBS.	DM 1,820 LBS.
4	What are the years for which you are reporting these quantities?	2000	DM 2002
5	Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	1.127	1.0
6	What is your normalizing factor based on (e.g., production, employment)?	PRODUCTION	
7	You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?	BY CLEANING AND RE-USING OUR ABSORBANT FELT IN DEPT. 45. IN THE PAST THIS FELT WAS USED ONCE, THEN THROWN AWAY.	

Second achievement

1	What aspect have you selected from the Table on page 29-31?	REDUCE TOTAL SOLID WASTE (FROM EVAPORATOR SLUDGE) <i>dm</i>	
2	What units are you using to quantify this aspect? (See Table, page 29-31.)	LBS.	
		PAST	CURRENT
3	List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	100,344	25,262 <i>dm</i>
4	What are the years for which you are reporting these quantities?	2000	2002 <i>dm</i>
5	Estimate your past normalizing factor. (Page 18 of the Instructions will help you calculate this.)	1.127	1.0
6	What is your normalizing factor based on (e.g., production, employment)?	PRODUCTION	
7	You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?	BY REDUCING THE AMOUNT OF EVAPORATOR SLUDGE WE DISPOSED OF. THIS WAS ACCOMPLISHED BY REDUCING THE AMOUNT OF WASTE COOLANT AND OTHER WASTE WATER THAT NEEDED TO BE EVAPORATED	

Part 2 You must make future commitments for at least four environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the Instructions. The aspects you select for your future commitments should be related to the objectives and targets in your EMS. Where possible, they also should be identified as having a significant environmental impact in your EMS. No more than two of your aspects can be from the same environmental category. If you're not sure how your objectives and targets fit into our aspects or whether your aspects are significant, call the PTrack Information Hotline at 1-888-339-PTRK.

Once you have chosen your four environmental aspects, then fill in all the necessary information for these aspects in the tables on pages 7-10 of this form. Please quantify each of your aspects using the units listed for that aspect in the Environmental Performance Table. Each table that you must fill in corresponds to one of the environmental aspects you have chosen.

We will assume that your performance commitments are based on a constant production or employment level. If you would like to base your commitment on changing production or employment, please fill out optional questions 6a and 6b.

Note to small facilities: If you are a small facility, you must report future commitments for only two environmental aspects.

First commitment

1 What aspect have you selected from the Table on pages 29-31?	REDUCE <u>DM</u> TOTAL ENERGY USE (FOR NATURAL GAS EVAPORATORS)	
2 What units are you using to quantify this aspect?	BTU	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	2,628 MM BTU	0 MM BTU
5 What are the years for which you are reporting these quantities?	2002 <u>DM</u>	2005 <u>DM</u>
6a (Optional) Estimate your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?		
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	BY ELIMINATING THE USE OF NATURAL GAS EVAPORATORS TO GET RID OF OUR WASTE WATER. WE PLAN TO USE A WASTE WATER TREATMENT SYSTEM THAT WILL ALLOW US TO DISCHARGE THE WATER TO OUR SANITARY SEWER DRAIN. THE ENERGY USED BY WASTEWATER TREATMENT SYSTEM WILL BE MUCH LOWER THAN THE EVAPORATORS. <u>DM</u>	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	WE PRESENTLY HAVE A LIFETIME OPERATING AIR PERMIT FOR THE OPERATION OF THESE EVAPORATORS. AND ARE IN COMPLIANCE. <u>DM</u>	

Second commitment

1	What aspect have you selected from the Table on pages 29-31?	RECYCLED / REUSED MATERIAL USE	
2	What units are you using to quantify this aspect?	LBS.	
3a	Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.		
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	1,820 LBS.	50,000
5	What are the years for which you are reporting these quantities?	2002 <i>DM</i>	<i>DM</i> 2005
6a	(Optional) Estimate your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?		
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	BY INCREASING THE RE-CYCLING OF ABSORBANT FELT, CHANGING TO REUSABLE TOWELS, CLEANING AND RE-USING GLOVES, AND BY CHANGING TO RETURNABLE CONTAINERS FROM PLASTIC MOLDED COMPONENTS AND OVERSEAS CASTINGS. <i>DM</i>	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	Yes <input checked="" type="checkbox"/> No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Third commitment

1	What aspect have you selected from the Table on pages 29-31?	EMISSIONS OF NO _x	
2	What units are you using to quantify this aspect?	LBS.	
3a	Is this aspect considered significant in your EMS?	X Yes No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.		
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in PerformanceTrack.	262.8 LBS.	0 LBS.
5	What are the years for which you are reporting these quantities?	2002 ^{pm}	2005 ^{pm}
6a	(Optional) Estimate your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?		
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	BY ELIMINATING THE USE OF WASTE WATER EVAPORATORS	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	X Yes No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	WE PRESENTLY HAVE A LIFETIME OPERATING AIR PERMIT FOR THE OPERATION OF OUR EVAPORATORS AND ARE IN COMPLIANCE. pm	

Fourth commitment

1 What aspect have you selected from the Table on pages 29-31?	EMISSIONS OF CO	
2 What units are you using to quantify this aspect?	LBS.	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	220.75 LBS.	0 LBS.
5 What are the years for which you are reporting these quantities?	2002 <i>07</i>	<i>07</i> 2005
6a (Optional) Estimate your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?		
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	BY ELIMINATING THE USE OF OUR WASTE WATER EVAPORATOR.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	WE PRESENTLY HAVE A LIFETIME OPERATING AIR PERMIT FOR THE OPERATION OF OUR EVAPORATORS AND ARE IN COMPLIANCE. <i>07</i>	

Why do we need this information?

Facilities need to demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

What do you need to do?

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

- 1 How do you identify and respond to community concerns?

PER OUR PROCEDURE E90-1039

(COPY ATTACHED)

CHAMBER OF COMMERCE OPEN HOUSE,
PERIODIC UPDATES TO LOCAL ROTARY
CLUB. *DM*

- 2 How do you inform community members of important matters that affect them?

TIER II REPORT AND SPCC PLANS GIVEN
TO FIRE DEPT. AND LOCAL EMERGENCY
SERVICES AGENCY. USE LOCAL RADIO
AND NEWSPAPER TO NOTIFY LOCAL
COMMUNITY OF IMPORTANT MATTERS THAT
AFFECT THEM. *DM*

- 3 How will you make the Performance Track Annual Performance Report available to the public?

Website www.

☒ Newspaper

Open Houses

Other

4 Are there any ongoing citizen suits related to environmental issues against your facility?

Yes ☒ No

If yes, describe briefly in the right-hand column.

5 List references below.

	Organization	Name	Phone number
Representative of a community/citizen group	CITY HALL	WAYNE BORAH, MAYOR	618-842-3871
State/tribal/local regulator	IL. IEPA	BRIAN RODELY	618-993-7458
Other community/local reference (e.g., emergency management official or business associate)	FIRE DEPARTMENT	MIKE POTTORFF	618-842-2104

On behalf of AIRTEX PRODUCTS
[my facility],

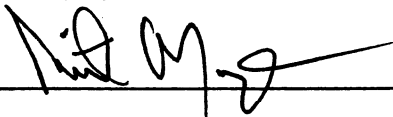
I certify that

I have read and agree to the terms and conditions for Application and Participation in the National Environmental Performance Track, as specified in the *National Environmental Performance Track Program Guide* and in the *Application Instructions*;

- I have personally examined and am familiar with the information contained in this Application, including the Environmental Requirements Checklist. The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Performance Track EMS requirements, including systems to maintain compliance with all applicable Federal, State, tribal, and local environmental requirements in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Performance Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date  1/24/03
Printed Name/Title Mr./Mrs./Ms./Dr. DIMITRI MONGE, PRESIDENT
Phone Number/E-mail 618-842-2111
Facility Name AIRTEX PRODUCTS
Facility Street Address 407 WEST MAIN STREET
City/State/Zip Code FAIRFIELD, IL 62837

ENVIRONMENTAL POLICIES AND PROCEDURES MANUAL

TITLE - Receiving & Responding to
Communications from
External Interested Parties

PROCEDURE NUMBER E90-1039
PAGE NUMBER 1 of 2
REVISION DATE Jan. 5, 2001
SUPERSEDES August 8, 2000

PURPOSE:

To outline the procedure for receiving, documenting and responding to communications from external parties relating to environmental aspects and our Environmental Management System.

SCOPE:

This applies to supervisors who could receive external communications from interested parties **and to the Director of Manufacturing.**

NOTE:

External interested parties may include governmental agencies, authorities and public organizations concerned with emergency preparedness and response, registrars of ISO14001 Environmental Management Systems, customers, consumers, labor unions, organizations concerned with the protection of the environmental, community groups, neighbors, etc.

PROCEDURE:

- External communications relating to our Environmental Management System can be received via U.S. Mail, Fax, telephone call or E-mail or in person.
 - All verbal external communications should be documented
 - All external communications should be forwarded to the Director of Manufacturing.
 - Upon receipt, the communication should be logged onto form EMSXC1:
 - Date Received
 - Received From
 - Received Via (mail / phone / Fax / E-mail / in person, etc.)
 - Subject of external communication

ENVIRONMENTAL POLICIES AND PROCEDURES MANUAL

TITLE - Receiving & Responding to
Communications from
External Interested Parties

PROCEDURE NUMBER E90-1039
PAGE NUMBER 2 of 2
REVISION DATE Jan. 5, 2001
SUPERSEDES August 8, 2000

- The Director of Manufacturing shall coordinate the formulation of a response to the external communication received.
 - After the external communication has been answered, the response should be logged onto form EMSXC1.
 - Date of response
 - Date filed
 - Date closed
- If the investigation of or the response to the external communication could result in either a corrective or preventive action, the Director of Manufacturing should contact the Internal Action Coordinator to generate an Internal Action Request (IAR).

Issued and Approved by:

Chet McMullen
Management Representative

Reviewed and Approved by:

Dennis Brant
Director of Manufacturing

Environmental Requirements Checklist

Use the Environmental Requirements Checklist to answer Question 5 in Section A, *Tell us about your facility*. This Checklist will help you identify the *major* Federal, State, tribal, and local environmental requirements that apply at your facility, but it is not an exhaustive list of all environmental requirements that may be applicable at your facility.

Fill in your facility information below and enclose the completed Checklist with your application.

Air Pollution Requirements

Check all that apply.

- ☐ 1. National Emission Standards for Hazardous Air Pollutants (40 CFR 61)
- ☒ 2. Permits and Registration of Air Pollution Sources
- ☒ 3. General Emission Standards, Prohibitions, and Restrictions
- ☐ 4. Control of Incinerators
- ☐ 5. Process Industry Emission Standards
- ☐ 6. Control of Fuel Burning Equipment
- ☐ 7. Control of VOCs
- ☒ 8. Sampling, Testing, and Reporting
- ☐ 9. Visible Emissions Standards
- ☐ 10. Control of Fugitive Dust
- ☐ 11. Toxic Air Pollutants Control
- ☐ 12. Vehicle Emissions Inspections and Testing

Other (you must list these if applicable)

- ☐ 13. Other Federal, State, tribal, or local regulations not listed above.

- ☒ 14. ID Numbers (specify whether State or Federal).

191010 AAD STATE OF ILLINOIS

191010 AAX STATE OF ILLINOIS

Hazardous Waste Management Regulations

Check all that apply.

- ☒ 1. Identification and listing of hazardous waste (40 CFR 261)
 - ☐ -Characteristic waste
 - ☒ -Listed waste
- ☒ 2. Standards Applicable to Generators of Hazardous Waste (40 CFR 262)
 - ☒ -Manifesting
 - ☒ -Pre-transport requirements
 - ☒ -Record-keeping/Reporting
- ☒ 3. Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)
 - ☐ -Transfer facility requirements
 - ☒ -Manifest system and record-keeping
 - ☐ -Hazardous waste discharges
- ☐ 4. Standards for Owners and Operators of TSD Facilities (40 CFR 264)
 - ☐ -General facility standards
 - ☐ -Preparedness and prevention
 - ☐ -Contingency plan and emergency procedures
 - ☐ -Manifest system, record-keeping, and reporting
 - ☐ -Groundwater protection
 - ☐ -Financial requirements
 - ☐ -Use and management of containers
 - ☐ -Tanks
 - ☐ -Waste piles
 - ☐ -Land treatment
 - ☐ -Incinerators
- ☐ 5. Interim Standards for TSD Owners and Operators (40 CFR 265)
- ☐ 6. Interim Standards for Owners and Operators of New Hazardous Waste Land Disposal Facilities (40 CFR 267)
- ☐ 7. Administered Permit Program (Part B) (40 CFR 270)

Other (you must list these if applicable)

- ☐ 8. Other Federal, State, tribal, or local regulations not listed above.
-
-

- ☒ 9. ID Numbers (specify whether State or Federal).

1918080002 ILLINOIS EPA

ILD001662816 US EPA

Hazardous Materials Management

Check all that apply.

- ☐ 1. Control of Pollution by Oil and other Hazardous Substances (33 CFR 153)
- ☒ 2. Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302)
- ☒ 3. Hazardous Materials Transportation Regulations (49 CFR 172-173)
- ☒ 4. Worker Right-to-Know Regulations (29 CFR 1910.1200)
- ☒ 5. Community Right-to-Know Regulations (40 CFR 350-372)
- ☐ 6. Underground Storage Tank Regulations (40 CFR 280-282)

Other (you must list these if applicable)

- ☐ 7. Other Federal, State, tribal, or local Regulations not listed above.

- ☐ 8. ID Numbers (specify whether State or Federal).

Solid Waste Management

Check all that apply.

- ☐ 1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257)
- ☐ 2. Permit Requirements for Solid Waste Disposal Facilities
- ☐ 3. Installation of Systems of Refuse Disposal
- ☐ 4. Solid Waste Storage and Removal Requirements
- ☒ 5. Disposal Requirements for Special Wastes

Other (you must list these if applicable)

- ☐ 6. Other Federal, State, tribal, or local regulations not listed above.

- ☒ 7. ID Numbers (specify whether State or Federal).

1918080002 STATE OF ILLINOIS

1910105028 STATE OF ILLINOIS

1910105027 STATE OF ILLINOIS

Water Pollution Control Requirements

Check all that apply.

- ☒ 1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112)
☒ 2. Designation of Hazardous Substances (40 CFR 116)
☒ 3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117)
☒ 4. NPDES Permit Requirements (40 CFR 122)
☐ 5. Toxic Pollutant Effluent Standards (40 CFR 129)
☐ 6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403)

Name of POTW _____

ID # of POTW _____

- ☐ 7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414)
☐ 8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415)
☐ 9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416)
☒ 10. Water Quality Standards
☐ 11. Effluent Limitations for Direct Dischargers
☐ 12. Permit Monitoring/Reporting Requirements
☐ 13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants
☐ 14. Collection, Handling, and Processing of Sewage Sludge
☐ 15. Oil Discharge Containment, Control, and Cleanup
☐ 16. Standards Applicable to Indirect Discharges (Pretreatment)

Other (you must list these if applicable)

- ☐ 17. Other Federal, State, tribal, or local regulations not listed above.

- ☐ 18. ID Numbers (specify whether State or Federal).

Drinking Water Regulations

Check all that apply.

- ☐ 1. Underground Injection and Control Regulations, Criteria, and Standards (40 CFR 144, 146)
- ☐ 2. National Primary Drinking Water Standards (40 CFR 141)
- ☐ 3. Community Water Systems Monitoring and Reporting Requirements (40 CFR 141)
- ☐ 4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources
- ☐ 5. Underground Injection Control Requirements
- ☐ 6. Monitoring, Reporting, and Record-keeping Requirements for Community Water Systems

Other (you must list these if applicable)

- ☐ 7. Other Federal, State, tribal, or local regulations not listed above.

- ☐ 8. ID Numbers (specify whether State or Federal).

Toxic Substances

Check all that apply.

- ☐ 1. Manufacture and Import of Chemicals, Record-keeping, and Reporting Requirements (40 CFR 704)
- ☐ 2. Import and Export of Chemicals (40 CFR 707)
- ☒ 3. Chemical Substances Inventory Reporting Requirements (40 CFR 710)
- ☐ 4. Chemical Information Rules (40 CFR 712)
- ☒ 5. Health and Safety Data Reporting (40 CFR 716)
- ☐ 6. Pre-manufacture Notifications (40 CFR 720)
- ☐ 7. PCB Distribution Use, Storage, and Disposal (40 CFR 761)
- ☐ 8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762)
- ☐ 9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775)

Other (you must list these if applicable)

- ☐ 10. Other Federal, State, tribal, or local regulations not listed above.

- ☐ 11. ID Numbers (specify whether State or Federal).

Pesticide Regulations

Check all that apply.

- ☐ 1. FIFRA Pesticide Use Classification (40 CFR 162)
- ☐ 2. Procedures for Storage and Disposal of Pesticides and Containers (40 CFR 165)
- ☐ 3. Certification of Pesticide Applications (40 CFR 171)
- ☐ 4. Pesticide Licensing Requirements
- ☐ 5. Labeling of Pesticides
- ☐ 6. Pesticide Sales, Permits, Records, Application, and Disposal Requirements
- ☐ 7. Disposal of Pesticide Containers
- ☐ 8. Restricted Use and Prohibited Pesticides

Other (you must list these if applicable)

- ☐ 9. Other Federal, State, tribal, or local regulations not listed above.

- ☐ 10. ID Numbers (specify whether State or Federal).

Environmental Clean-up, Restoration, and Corrective Action

- ☐ 1. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund). Please identify and include date of Record of Decision.

- ☐ 2. RCRA Corrective Action. Please provide date of RCRA/HSWA permits that require corrective action.

-
- ☐ 3. Other Federal, State, tribal, or local environmental clean-up, restoration, corrective action regulations not listed above. Please include date of requirement.

Facility name:

AIRTEX PRODUCT

Facility location:

407 WEST MAIN STREET FAIRFIELD, IL 62837